STATE OF SOUTH CAROLINA)
(Caption of Case) Example: Application for a Class C Charter Certificate from John Doe dba Doe's Limo) BEFORE THE) PUBLIC SERVICE COMMISSION) OF SOUTH CAROLINA)
Appairation for now entroving chase c consultant Authority (Please type or print)	TRANSPORTATION COVER SHEET DOCKET NUMBER: 201 - 418 - 1 If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.
Submitted by: Edward Susain.	Telephone: <u>L843</u>) 385-3082
-got # 33	Fax:
myston Bonca, 50	Other:
NOTE TI	
as required by law. This form is required for use by the Public Se be filled out completely.	replaces nor supplements the filing and service of pleadings or other papers ervice Commission of South Carolina for the purpose of docketing and must
NATURE OF ACT	TION (Check all that apply)
Application - Class C Taxi Application - Class C Charter Application - Class C Charter Bus Application - Class C Non-Emergency Application - Class C Stretcher Van Application - Class E Household Goods Application - Class E Hazardous Waste Application Request for Extension to Comply with Order Request for Order Granting Authority to Obtain a Certificate Request for Cancellation of Certificate	Request for Name Change on Certificate Request to Amend Scope of Authority Request to Amend Tariff (rate increase, etc.) Request to Amend Passenger Limit Request Exhibit Late-Filed Exhibit Letter Proposed Order Publisher's Affidavit ate Reservation Letter Response Return to Petition
Request for Suspension	Other:
Request for Reinstatement	

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

101 Executive Center Drive, Suite 100 Columbia, South Carolina 29210

(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100

Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

	CLASS C - CHARTER
6	Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.
1	Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.) Edward Swain, dba: AAA Some of Showing Reach, Sc. 2957 Street Address of Applicant
	Mailing Address of Applicant (If different from street address) (843) 385-3083 Phone Fax
	Email Address
2.	If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)
3.	Select Entity Type: (Check one) Individual Owner/Sole Proprietorship
	Partnership - List names and addresses of all person having an interest in the business.
	Corporation - List names and addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

	Balance at Time Application is Filed: Month Year
Assets:	
Cash	\ M
Receivables	1,500.00
Real Estate	
Buildings and Equipment (Net)	
Motor Vehicles (Net)	
Garage Equipment (Net)	
Machinery and Tools (Net)	
Supplies on Hand	
Prepaids and Other Assets	
Total Assets*	
Liabilities and Equity:	
Accounts Payable	
Notes Payable	
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
Total Liabilities	
Capital Stock	
Retained Earnings	
Total Equity	
Total Liabilities and Equity*	
Total Aggets - Tatal Till 1991	1,500.00

^{*} Total Assets = Total Liabilities and Equity

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

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Requested Scope of Authority: Check all counties in which you are requesting permission to operate. You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.					
Abbeville	Cherokee	Florence	Lee	Saluda	
Aiken	Chester	Georgetown	Lexington	Spartanburg	
Allendale	Chesterfield	Greenville	Marion	Sumter	
Anderson	Clarendon	Greenwood	Mariboro	Union	
Bamberg	Colleton	Hampton	McCormick	Williamsburg	
Barnwell .	Darlington	Horry	Newberry	York	
Beaufort	Dillon	Jasper	Oconee		
Berkeley	Dorchester	Kershaw	Orangeburg	Statewide	
Calhoun	Edgefield	Lancaster	Pickens		
Charleston	Fairfield	Laurens	Richland		

DESCRIPTION OF EQUIPMENT

You are not required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

☐ 1-7 Pe	mber of Passengers Vehicle in ed on the number of seatbelts assengers, including driver Passengers, including driver	is Equipped to s in the vehic	O Carry: (The num le, including the d	ber of passengers a vehicle is equipped river's seatbelt.)
MAKE	YEAR & MODEL	,	MINI#	
	TBD		VIN#	EMPTY WEIGHT
				4.484 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4.444 4
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INSURANCE QUOTE

This form MUST BE COMPLETED AND SIGNED by an AUTHORIZED INSURANCE COMPANY REPRESENTATIVE. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:
Educad Surain, dba: AAA Sura & Shutton Name of Applicant
800 Cop. molina Dr., Sect 23, MB, SC 29577 Address of Applicant
Amount of Premium: Eight. Limits Quoted: (See Below)
Liability Insurance \$ 2,541,00 Limits 300,000 CS1
The above quoted premium is for a term of months.
Minimum Limits - Intrastate Only:
1-7 Passengers* \$ 25,000/50,000/25,000 * Passengers = Number of seatbelts in the vehicle, including the driver's seatbelt
Name of Insurance Company
Home Office Address of Company
I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.
Date One Date One Date Authorized Insurance Company Representative's Signature
NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc,us/self-insurance.

Exhibit Fit, Willing, and Able (FWA)

	Edward Swain Name of Applicant
	. Are there currently any outstanding judgments against the Applicant? O Yes No
	If Yes, indicate nature of judgement(s) against applicant.
2.	Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire moto carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?
	Q Yes O No
3.	Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?
	Yes O No

Exhibit on Driver Qualifications

1. Applicant underst	nds that all drivers must be a minimum of 18 years of age.	
Q Yes	O No	
Applicant understate and such record from the maintained in the such that the	ds that a certified copy of the driver's three (3) year driving record issued by the S n the DMV of the state in which the driver is or has been domiciled for such period Applicant's business office.	C DMV d must
O Yes	O No	4
3. Applicant understands must be maintained Yes	Is that a criminal history background check from the state where the driver current n the Applicant's business office. No	ly lives
4. Applicant understar their possession who state of residence of	s that all drivers operating a vehicle under a Class C Certificate must have in operating a charter vehicle, a valid driver's license issued by the SC DMV or the he driver.	current
O/Yes	○ No	
	that all Class C Certificate holders are prohibited from employing or leasing or are registered, or required to be registered, as sex offenders with the South Carol Division or any national registry of sex offenders. No	lina

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA POST OFFICE DRAWER 11649 COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA

COUNTY OF

SWORN TO BEFORE ME

This 21 day of 000

Commission Expires 9/12/15